

AO 733 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
Please Print/Type:					
1. NAME Lisa Rubin Rubin		3. PHONE NUMBER <i>917-608-2038</i>		5. DATE 10/12/2021	
4. DELIVERY ADDRESS OR EMAIL lisa.rubin@nbouni.com		6. CITY		7. STATE WV	
8. CASE NUMBER 3:21-cr-138		9. JUDGE Trumble		10. FROM 10/12/2021	
12. CASE NAME US V. TOSIUS, JONATHAN US V. TORRONE, U.S.V. TOSIUS, PLAIN				11. TO	
				LOCATION OF PROCEEDINGS 13. CITY Martinsburg	
15. ORDER FOR <input type="checkbox"/> APPELLAL <input type="checkbox"/> NON-APPELLAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		14. STATE WV <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOICE DISK				TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING (SPPY)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Initial Hearing	
<input type="checkbox"/> BAIL HEARING				10-12-2021	
17. ORDER					
CATEGORY	ORIGINAL (Include Certified Copy to Court or Clerk of Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14 Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
PATENTING	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
LAW	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	14	36.25 <i>10153</i>
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (including any additional).				ESTIMATE TOTAL	36.25 <i>10153</i>
18. SIGNATURE <i>✓</i>				PROCESSED BY	
19. DATE <i>10/12/2021</i>				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY Kate Slayden				COURT ADDRESS 217 W. King Street, Rm. 214 Martinsburg, WV 25401	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED	10/12/2021	LR	TOTAL CHARGES	36.25	
DEPOSIT RECEIVED			LINE DEPOSIT	36.25	
DEPOSIT NOTIFIED			TOTAL REFUNDED		
TRANSCRIPT					
RECEIVED TRANSCRIPT	<i>10-12-21</i>	<i>LR</i>	TOTAL DUE	36.25 <i>10153</i>	
REFUND					

INSTRUCTION COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY

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